

*****NOTE:** This form can be filled out online then printed

**STATE OF CONNECTICUT
Department of Public Safety
1111 Country Club Road
P.O. Box 2794
Middletown, CT 06457-9294
DPS-129-C (2/01)**

Dear Eligibility Certificate Holder:

Your State Eligibility Certificate will expire within 90 days.

To Renew:

- 1. Check the information shown. If anything is incorrect, draw a line through the data and write in the correct information.**
- 2. Additional information for renewal is on the attached instruction sheet.**

Name:

Address:

City:

State:

Zip:

TELEPHONE:

FOLD HERE

Please check the information below:

PERMIT ID NUMBER:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

EYE COLOR: HEIGHT FT IN

WEIGHT: LBS SEX: RACE:
A=ASIAN
B=BLACK
I=INDIAN
W=WHITE
U=UNKNOWN

Current Permit Valid:

FROM: THROUGH:

**Place Photograph
Within Rectangle
Lined Up With Top Edge**

This applies only to out of state [renewal applications only]

Please sign within the box above

In order to effectuate Public Act 98-129, the Department of Public Safety herein notifies the applicant that the Department of Public Safety (DPS) will be notified by The Department of Mental Health and Addiction Services (DMHAS) if the applicant has been confined in a hospital for psychiatric disabilities within the proceeding twelve (12) months by order of probate court. This information will be used by the Department of Public Safety in order to fulfill its obligations under C.G.S. Section 29-28.